

## **INITIAL ENROLLMENT APPLICATION FOR NON-MEDICARE RETIREES**

**Ethel A. Educator**  
**19506 Hwy 59N Suite 315**  
**Humble TX 77338**

<b>This application should be completed by the TRP retiree only if you want to enroll in TRP-Care</b>
---

**Read all the information provided in your Initial Enrollment packet and the TRP 700AI  
Instructions before completing this application**

**Be advised that all future plan options are subject to change**

### **SECTION A – RETIREE INFORMATION**

#### **TRP Retiree General Information**

Date of birth: 08/25/1956

Gender:             Male             Female

Marital Status:     Single             Divorced  
                           Married             Widowed

Primary Phone Number: 281-973-9290

**(Adding your phone number is critical in the event we need to contact you about your application)**

Emergency contact name and phone number: Emily Educator 281-973-9718

Email address: info@preceptwm.com

Current or last TRP covered employer (i.e. district, charter school, or similar entity):  
Precept Independent School District

If mailing address is a PO Box, please provide your physical address:

---

Street Address	City	State	Zip Code
----------------	------	-------	----------